

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

<input checked="" type="checkbox"/>	Response to Office Action	<input checked="" type="checkbox"/>	Request for Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	51	51	0	X \$50.00		\$0.00
Independent Claims	5	5	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input checked="" type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$120.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$60.00
TOTAL FEE DUE						\$60.00

ATTORNEY DOCKET NO. 08182.0008U1
APPLICATION NO. 09/902,995

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$60.00 for the fees designated below is attached
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

/Charley F. Brown #52,658/

Charley F. Brown
Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
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(678) 420-9301 (fax)